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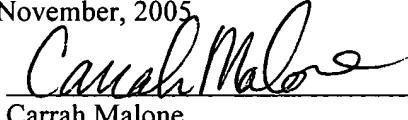
PATENT
Attorney Docket No. AXO-003C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Muir CONFIRMATION NO. 4996
SERIAL NO.: 10/812,776 GROUP NO.: 1651
FILING DATE: March 29, 2004 EXAMINER: Afremova, Vera
TITLE: Materials and Methods for Nerve Grafting, Selection of Nerve Grafts,
and *In Vitro* Nerve Tissue Culture

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 21st day of November, 2005.



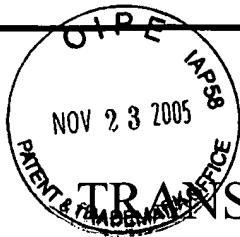
Carrah Malone

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Fee Transmittal Form (1 page);
3. Check in the amount of \$100.00;
4. Amendment and Response to Restriction Requirement (14 pages); and
5. Return Receipt Postcard.



**TRANSMITTAL
FORM**

| | | |
|-------------------------|---------------------------|----------------|
| TRANSMITTAL FORM | Application Serial Number | 10/812,776 |
| | Filing Date | March 29, 2004 |
| | First Named Inventor | Muir |
| | Group Art Unit | 1651 |
| | Examiner Name | Afremova, Vera |
| | Attorney Docket No. | AXO-003C1 |
| | Patent No. | Not applicable |
| Issue Date | Not applicable | |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Second Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Brief (in triplicate) |
| | <input type="checkbox"/> Request For Continued Examination (RCE) | <input type="checkbox"/> Status Inquiry |
| | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Small Entity Statement | <input type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>) |
| <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> CD(s) for large table or computer program | |
| | <input type="checkbox"/> Amendment After Allowance Request for Certificate of Correction | |
| | <input type="checkbox"/> Certificate of Correction (in duplicate) | |

CORRESPONDENCE ADDRESS

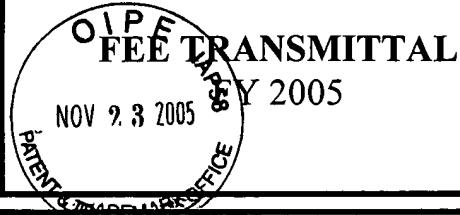
Direct all correspondence to: Patent Administrator
 Goodwin Procter LLP
 Exchange Place
 Boston, MA 02109
 Tel. No.: (617) 570-1000
 Fax No.: (617) 523-1231
 Customer No. 051414

SIGNATURE BLOCK

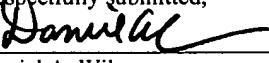
Date: November 21, 2005
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Respectfully submitted,

Daniel A. Wilson
 Attorney for Applicants
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 Exchange Place
 Boston, MA 02109



| Complete if Known | |
|---------------------------|----------------|
| Application Serial Number | 10/812,776 |
| Filing Date | March 29, 2004 |
| First Named Inventor | Muir |
| Group Art Unit | 1651 |
| Examiner Name | Afremova, Vera |
| Attorney Docket No. | AXO-003C1 |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | |
|---|--|---|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | 3. ADDITIONAL FEES Large Entity Small Entity Fee (\$) Fee (\$) Fee Description Fee Paid | |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. | | 130 65 Surcharge - late filing fee or oath 50 25 Surcharge - late provisional filing fee or cover sheet 130 130 Non-English specification 2,520 2,520 Request for ex parte reexamination 120 60 Extension for reply within first month 450 225 Extension for reply within second month 1020 510 Extension for reply within third month 1590 795 Extension for reply within fourth month 2160 1080 Extension for reply within fifth month 500 250 Notice of Appeal 500 250 Filing a brief in support of an appeal 1000 500 Request for oral hearing 400 400 Petitions to the Commissioner (Gp. I) 200 200 Petitions to the Commissioner (Gp. II) 130 130 Petitions to the Commissioner (Gp. III) 180 180 Submission of Information Disclosure Statement 790 395 Filing a submission after final rejection (37 CFR 1.129(a)) 790 395 For each additional invention to be examined (37 CFR 1.129(b)) 100 100 Certificate of Correction for applicant's error 130 65 Submission of Terminal Disclaimer <input type="checkbox"/> Multiple Dependent Claim(s), if any \$360.00 = TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$) 0.00 | |
| 1. FILING/SEARCH/EXAM/SIZE FEES Large Entity Fee (\$) Fee Description Fee Paid | | Number Filed Number Extra Rate Amount | |
| 300 Utility filing fee 500 Utility search fee 200 Utility exam fee 250 Utility size fee (each add'l 50 pgs. over 100) 200 Design filing fee 100 Design search fee 130 Design exam fee 250 Design size fee (each add'l 50 pgs. over 100) | | Total Claims - 20 = x \$ 50.00 = Independent Claims - 3 = x \$200.00 = <input type="checkbox"/> Multiple Dependent Claim(s), if any \$360.00 = TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$) 0.00 | |
| 2. AMENDMENT CLAIM FEES Claims Highest No. Present Rate Fee Paid Remaining Previously Extra After Amend. Paid For | | SUBTOTAL (3) (\$) 0.00 | |
| Total 115 - 115 = 0 x \$ 50.00 = 0.00 Indep. 5 - 4 = 1 x \$200.00 = 200.00 <input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$360.00 = TOTAL: (\$)200.00 SMALL ENTITY DISCOUNT: (\$)100.00 SUBTOTAL (2) (\$) 100.00 | | SUBTOTAL (1) 0.00 SUBTOTAL (2) 100.00 SUBTOTAL (3) 0.00 TOTAL (\$) 100.00 | |
| CORRESPONDENCE ADDRESS | | SIGNATURE BLOCK | |
| Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414 | | Respectfully submitted,  Daniel A. Wilson Attorney for the Applicant Goodwin Procter LLP Exchange Place Boston, MA 02109 | |